

## Errata & Revisions to the January 1, 2019 Prioritized List

1. On 4/14/2020, the following changes were made:
  - a. CPT 54160 Circumcision, surgical excision other than clamp, device, or dorsal slit; neonate (28 days of age or less) was added to from line 21 VESICoureteral Reflux and line 413 BALANOPOSTHITIS AND OTHER DISORDERS OF PENIS.
  - b. Guideline Note 130 was revised as shown below:  
**GUIDELINE NOTE 130, BLEPHAROPLASTY**  
  
*Line 471*  
  
Blepharoplasty is covered when 1) a minimum of 30 degrees of visual field loss exists with upper lid skin/margin in repose, 2) upper eyelid position contributes to difficulty tolerating a prosthesis in an anophthalmic socket, [OR](#) 3) essential blepharospasm or hemifacial spasm is present.
2. On 12/3/2019 the following changes were published:
  - a. ICD-10-CM code N48.0 Leukoplakia of penis was added to line 412 BALANOPOSTHITIS AND OTHER DISORDERS OF PENIS.
  - b. ICD-10-CM code Z87.440 Personal history of urinary (tract) infections was added to line 327 FUNCTIONAL AND MECHANICAL DISORDERS OF THE GENITOURINARY SYSTEM INCLUDING BLADDER OUTLET OBSTRUCTION (this code was listed on the Informational File)
  - c. CPT code 54150 Circumcision, using clamp or other device with regional dorsal penile or ring block was added to line 21 VESICoureteral Reflux as well as lines 327 and 412.
  - d. CPT code 54160 Circumcision, surgical excision other than clamp, device, or dorsal slit; neonate (28 days of age or less) was added to line 327.
  - e. CPT code 54161 Circumcision, surgical excision other than clamp, device, or dorsal slit; older than 28 days of age was added to lines 21 and 412.
3. On 8/29/2019 the following changes were posted:
  - a. Deletion of a number of sequela ICD-10-CM codes (codes ending in S) that were inadvertently included on lines 103,121 and 285.
  - b. A CPT code in GUIDELINE NOTE D1 NON-PRENATAL GENETIC TESTING GUIDELINE was corrected (only the corrected excerpt is shown):
    - i. CPT ~~81221~~ [81332](#), SERPINA1 (serpin peptidase inhibitor, clade A, alpha-1 antiproteinase, antitrypsin, member 1) (eg, alpha-1-antitrypsin deficiency), gene analysis, common variants (eg, \*S and \*Z): The alpha-1-antitrypsin protein level should be the first line test for a suspected diagnosis of AAT deficiency in symptomatic individuals with unexplained liver disease or obstructive lung disease that is not asthma or in a middle age individual with unexplained dyspnea.

Genetic testing of the anpha-1 phenotype test is appropriate if the protein test is abnormal or borderline. The genetic test is appropriate for siblings of people with AAT deficiency regardless of the AAT protein test results.

4. On 6/13/2019, the following changes were posted:

- a. The data assigned to the legislature's establishment of the funding line was corrected to 1/1/2018.
- b. Obsolete codes in Guideline note 75 were corrected:

**GUIDELINE NOTE 75, APPLIED BEHAVIOR ANALYSIS FOR AUTISM SPECTRUM DISORDER**

*Line 193*

Applied behavioral analysis (ABA), including early intensive behavioral intervention (EIBI), represented by CPT codes [97151-97158](#) ~~0359T-0374T~~, is included on Line 193 AUTISM SPECTRUM DISORDERS for the treatment of autism spectrum disorders.

ABA services are provided in addition to any rehabilitative services (e.g. physical therapy, occupational therapy, speech therapy) included in Guideline Note 6 REHABILITATIVE AND HABILITATIVE THERAPIES that are indicated for other acute qualifying conditions.

- c. The following changes were made Guideline Note 173 - INTERVENTIONS THAT ARE UNPROVEN, HAVE NO CLINICALLY IMPORTANT BENEFIT OR HAVE HARMS THAT OUTWEIGH BENEFITS FOR CERTAIN CONDITIONS, relating to HCPCS and CPT codes previously approved for addition. *[Editor's note: these changes were included in the list published 5/28/2019 but were missing from the change log.]*

- i. HCPCS C9741 was added to the CardioMEMS technology entry (33289, 93264, C2624).

33289, 93264, C2624, <a href="#">C9741</a>	CardioMEMS™ – Implantable wireless pulmonary artery pressure monitor for heart failure monitoring	Insufficient evidence of effectiveness	October, 2018 Coverage Guidance
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- ii. HCPCS code 46761 and 46762 were removed from the sphincteroplasty entry (46762 is an obsolete code; 46761 should never have been included.)

46760- <del>46762</del>	Sphincteroplasty, anal, for incontinence, adult; muscle transplant/implantation artificial sphincter	No evidence of effectiveness	May, 2013
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- iii. Digits were transposed in the entry on urine drug testing:

G0481, G0482, G0483	Urine drug testing, definitive for >7 drug classes	No clinical benefit	August, 2018 <a href="#">Coverage guidance</a>
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5. On 5/13/2019, the following changes were posted:

- a. HCPCS code S2348 was mistakenly attached to lines 60 METABOLIC DISORDERS and line 147 GLYCOGENOSIS on the 5/9/2019 publication of the *Prioritized List of Health Services (Annotated) January 1, 2019*. The correct placement for HCPCS

code S2348 is only on Guideline Note 173 - INTERVENTIONS THAT ARE UNPROVEN, HAVE NO CLINICALLY IMPORTANT BENEFIT OR HAVE HARMS THAT OUTWEIGH BENEFITS FOR CERTAIN CONDITIONS.

- b. On Guideline Note 127 – GENDER DYSPHORIA, CPT codes (97001) for physical therapy services are no longer valid and replace with a new set (97161-97164) of physical therapy codes for 2019. The correct CPT codes are 97110,97140,97161-97164, and 97530. *[These changes were previously announced but not included until 5/13/2019]*
6. On 5/8/2019, the following changes were posted:
  - a. On Guideline Note 127 – GENDER DYSPHORIA, CPT codes (97001) for physical therapy services are no longer valid and replace with a new set (97161-97164) of physical therapy codes for 2019. The correct CPT codes are 97110,97140,97161-97164, and 97530. *[This change was announced but not included until 5/13/2019]*
  - b. The following changes were made Guideline Note 173 - INTERVENTIONS THAT ARE UNPROVEN, HAVE NO CLINICALLY IMPORTANT BENEFIT OR HAVE HARMS THAT OUTWEIGH BENEFITS FOR CERTAIN CONDITIONS, relating to HCPCS and CPT codes previously approved for addition.
    - i. The following entries\* were added:

D0422-D0423	Collection and preparation of genetic sample material for laboratory analysis and report Genetic test for susceptibility to diseases – specimen analysis	Insufficient evidence of effectiveness	<a href="#">October, 2018</a>
81346	TYMS (thymidylate synthetase) (eg, 5-fluorouracil/5-FU drug metabolism), gene analysis, common variant(s) (eg, tandem repeat variant)	Insufficient evidence of effectiveness	<a href="#">November, 2017</a>
62287, S2348	Percutaneous laser disc decompression Ozone therapy injections Radiofrequency denervation	Insufficient evidence of effectiveness	<a href="#">January, 2018</a> <a href="#">Coverage Guidance Blog</a>
C2614	Probe, percutaneous lumbar discectomy	Insufficient evidence of effectiveness	<a href="#">May, 2018</a>
C9745	Nasal endoscopy, surgical; balloon dilation of Eustachian tube	Insufficient evidence of effectiveness	<a href="#">May, 2018</a>
G0481, G0482, G0843	Urine drug testing, definitive for >7 drug classes	No clinical benefit	<a href="#">August, 2018</a> <a href="#">Coverage Guidance Blog</a>

- *[Editor's note: the change to HCPCS S2348 was announced but not included until 5/10/2019]*

- c. The following entries were removed:

<del>37212-37214</del>	<del>Transcatheter therapy, venous infusion for thrombolysis for treatment of peripheral deep vein thrombosis</del>	<del>Increased risk of harm compared to equally effective alternative therapy; significantly less cost effective</del>	<del><a href="#">January, 2018</a></del>
<del>61863, 61864, 61867, 61868, 61880, 61886</del>	<del>Deep brain stimulation for any type of epilepsy</del>	<del>Evidence of no clinically significant effectiveness, evidence of harm</del>	<del><a href="#">January, 2018</a></del>

7. On 3/20/2019, the following changes were made:
  - a. Changes to GUIDELINE NOTE 106 PREVENTIVE SERVICES to correctly state that recommendations of the United States Preventive Services Task Force (USPSTF) in effect and issued prior to January 1, 2018 are included on line 3, and to incorporate the updates to the Health Resources and Services Administration (HRSA) Women's Preventive Services made on December 20, 2016.
  - b. Removed CPT code 95012 Nitric oxide expired gas determination from Guideline note 173 INTERVENTIONS THAT ARE UNPROVEN, HAVE NO CLINICALLY IMPORTANT BENEFIT OR HAVE HARMS THAT OUTWEIGH BENEFITS FOR CERTAIN CONDITIONS, as this code is now on line 9 ASTHMA.
8. On 12/27/2018, Guideline Note 153 PLANNED OUT OF HOSPITAL BIRTH was revised again to make the outline numbering more clear (eliminating ambiguity in references)
9. On 12/21/2018 the following changes were made:
  - a. Guideline Note 153 PLANNED OUT OF HOSPITAL BIRTH was revised to add outline numbering for easier references. No substantive changes were made.
  - b. Additional links to rationale documents have been added to Guideline note 173 INTERVENTIONS THAT ARE UNPROVEN, HAVE NO CLINICALLY IMPORTANT BENEFIT OR HAVE HARMS THAT OUTWEIGH BENEFITS FOR CERTAIN CONDITIONS.
  - c. Obsolete CPT code 92140 Provocative tests for glaucoma, with interpretation and report, without tonography was deleted from Guideline Note D20 OPHTHALMOLOGY DIAGNOSTIC VISITS, and obsolete CPT code 64550 Application of surface (transcutaneous) neurostimulator (eg, TENS unit) was deleted from Guideline Note 173 INTERVENTIONS THAT ARE UNPROVEN, HAVE NO CLINICALLY IMPORTANT BENEFIT OR HAVE HARMS THAT OUTWEIGH BENEFITS FOR CERTAIN CONDITIONS. Obsolete HCPCS code C9741 Right heart catheterization with implantation of wireless pressure sensor in the pulmonary artery, including any type of measurement, angiography, imaging supervision, interpretation, and report was deleted from Guideline Note 173.
  - d. Formatting and indentation were adjusted for Guideline Note D25 HEREDITARY CANCER TESTING.
  - e. Added S9357 (Home infusion therapy, enzyme replacement intravenous therapy; (e.g., imiglucerase); administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem) to Line 60 METABOLIC DISORDERS.
10. On 11/30/2018 the pending 1/1/2019 Prioritized the List was published. This posting includes an erratum:
  - a. HCPCS T2101 (Human breast milk processing, storage and distribution only) was removed from line 2 BIRTH OF INFANT and line 18 FEEDING PROBLEMS IN NEWBORNS to correspond with the removal of guideline note 183 DONOR BREAST MILK FOR HIGH RISK INFANTS from these lines.